

Home Modifications (day, comp, child),
Assistive Technology and Supports (day and comp),
Personal Emergency Response System (day and comp),
Vehicle Modifications (day and comp)

Draft 3-1-16

Home Modifications

Home Modifications are those physical adaptations, ~~or structural changes to the individual's home~~ **the private residence of the participant or the participant's family** that are necessary to ensure the health, welfare, and safety of the individual, and/or which enable the individual to function with greater independence in **their own participant-directed home (not provider operated or controlled) or in the family's home, if living with his/her family.**

Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant.

Adaptations that add to the total square footage of the home are excluded except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).

Home modifications are provided within the current foundation of the residence and any additions to the residence are not covered.

- ~~1. Approvable modifications are limited to those necessary to maintain the individual in their own participant directed home (not provider operated or controlled) or in the family's home, if living with his/her family.~~
2. Approvable modifications do not include adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the individual.
- ~~3. DDD will not approve home modifications if the adaptations are available under the Medicaid State Plan or from a third party source.~~
4. The home must not present a health and safety risk to the individual other than that corrected by the approved home modifications.
5. If the individual resides in a rental unit, the individual or family/guardian must obtain written assurance from the landlord that the property will be made available to an individual with a disability for a period of at least three years after the funding of approved home modifications, by listing the property for rent on www.housing.ne.gov.
6. Home ~~accessibility adaptations~~ **modifications** may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services.

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Limits on the amount, frequency, or duration of this service:

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

Total cost of ATS, home modifications, and vehicle modifications combined per participant per waiver year will not exceed ~~\$5,000.00~~ **the established annual cap determined by DHHS**. Unused funds do not carry over into the next waiver year.

The frequency of service is by the job, and the total cost of home modification cannot exceed the established annual cap determined by DHHS.

Assistive Technology and Supports (ATS)

Assistive Technology Supports (ATS) includes devices, controls, appliances, or other items that enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment they live in, thus decreasing their need for assistance from others.

1. Approvable items are limited to those necessary to support individuals in their home and must be appropriate to the needs of the individual as a result of limitations due to disability. An assessment will be completed to assist the individual to find an appropriate ATS solution. All devices and adaptations must be provided in accordance with applicable State or local building codes and/or applicable standards of manufacturing, design, and installation.
2. Items that are not covered include: items covered by Medicaid, recreational and/or exercise items, security items, devices or modifications already purchased or completed, computers (some exceptions may apply), furniture or appliances, air conditioners, clothing or bedding, or disposable medical or hygiene supplies.
3. Permanently attached devices, controls, and appliances may not be installed in residential settings that are owned or leased by providers of waiver services. ~~If the individual resides in a rental unit, the individual or family/guardian must obtain written assurance from the landlord that the property will be made available to an individual with a disability for a period of at least three years after the funding of approved home modifications, by listing the property for rent on www.housing.ne.gov.~~

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Limits:

Total cost of ATS, home modifications, and vehicle modifications combined per participant per waiver year will not exceed \$5,000.00 the established annual cap determined by DHHS. Unused funds do not carry over into the next waiver year.

The frequency of service is per device or support, and the total cost of ATS cannot exceed the established annual cap determined by DHHS.

DDD will not approve ATS if the device or equipment is available under the Medicaid State Plan. Durable medical equipment is covered under the Medicaid State Plan and cannot be funded through this waiver.

Personal Emergency Response System (PERS)

PERS is an electronic device which enables individuals to secure help in an emergency. The individual may also wear a portable PERS button to allow for mobility. The system is connected to the individual's phone and programmed to signal a response center once a PERS button is activated.

A provider of PERS must:

1. Instruct the individual about how to use the PERS device;
2. Obtain the individual's or authorized representative's signature verifying receipt of the PERS unit;
3. Ensure that response to device signals (where appropriate to the device) will be provided 24 hours per day, seven days per week;
4. Furnish a replacement PERS unit to the individual within 24 hours of notification of malfunction of the original unit while it is being repaired;
5. Update list of responder and contact names at a minimum semi-annually to ensure accurate and correct information;
6. Ensure monthly testing of the PERS unit; and
7. Furnish ongoing assistance when needed to evaluate and adjust the PERS device or to instruct the individual in the use of PERS devices, as well as to provide for system performance checks.

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Limits:

PERS is limited to those individuals who live alone or who are alone for significant parts of the day and have no regular unpaid caregiver or provider for extended periods of time, and who would otherwise require extensive routine supervision.

The frequency of service is a monthly rental fee. Installation fees are authorized separately.

Vehicle Modifications

Vehicle modifications to vehicles may be made for purposes of accommodating the special needs of the participant when the vehicle is privately owned by the individual or his/her family and is used to meet the participant's transportation needs.

The vehicle must be in good operating condition and modifications must be made in accordance with applicable standards of manufacturing, design, and installation.

The following are excluded specifically from the participant's primary means of transportation:

Adaptations or improvements to the vehicle that are of a general utility, and are not a medical or remedial benefit to the individual;

Purchase or lease of a vehicle;

Regularly scheduled upkeep & maintenance of a vehicle except upkeep & maintenance of the modifications;

Modifications already purchased or completed; and

Modifications or repairs not related to vehicle accessibility.

Limits:

Total cost of ATS, home modifications, and vehicle modifications combined per participant per waiver year will not exceed ~~\$5,000.00~~ the established annual cap determined by DHHS. Unused funds do not carry over into the next waiver year.

The frequency of service is by the job, and the total cost of the vehicle modification cannot exceed the established annual cap determined by DHHS.